

1745  
JLW

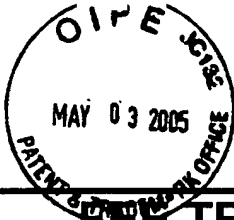
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/494,211
		Filing Date	January 25, 2000
		First Named Inventor	Il-Ki Woo
		Art Unit	1745
		Examiner Name	Tracy Mae Dove
Total Number of Pages in This Submission	23	Attorney Docket Number	3364P035

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Return receipt postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 <b>BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP</b>
Signature	
Date	April 29, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Jean Svoboda		
Signature		Date	April 29, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 06/04/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

## Complete if Known

Application Number	09/494,211
Filing Date	January 25, 2000
First Named Inventor	Il-Ki Woo
Examiner Name	Tracy Mae Dove
Art Unit	1745
Attorney Docket No.	3364P035

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 450.00

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments  
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
27	32**	0	50.00
5	6**	0	200.00
Independent Claims			
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202	2202	25 Claims in excess of 20
1201	2201	100 Independent claims in excess of 3
1203	2203	180 Multiple Dependent claim, if not paid
1204	2204	150 **Reissue independent claims over original patent
1205	2205	150 **Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

\*\*or number previously paid, if greater, For Reissues, see below

### 2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1051	2051	65 Surcharge - late filing fee or oath
1052	2052	25 Surcharge - late provisional filing fee or cover sheet
2053	2053	130 Non-English specification
1251	2251	60 Extension for reply within first month
1252	2252	225 Extension for reply within second month
1253	2253	510 Extension for reply within third month
1254	2254	795 Extension for reply within fourth month
1255	2255	1,080 Extension for reply within fifth month
1401	2401	250 Notice of Appeal
1402	2402	250 Filing a brief in support of an appeal
1403	2403	500 Request for oral hearing
1451	2451	1,510 Petition to institute a public use proceeding
1460	2460	130 Petitions to the Commissioner
1807	1807	50 Processing fee under 37 CFR 1.17(q)
1806	1806	180 Submission of Information Disclosure Stmt
1809	1809	395 Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810	395 For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) \_\_\_\_\_

SUBTOTAL (2)

(\$) 450.00

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Eric S. Hyman	Registration No. (Attorney/Agent)	30,139	Telephone	(310) 207-3800
Signature		Date	04/29/05		